

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER SAN MATEO COUNTY CENTRAL LABOR COUNCIL COMMITTEE ON POLITICAL EDUCATION			Date of This Filing 11/03/2005 Report No. 1 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 4	Date Stamp Page 1 of 4	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 743614			
STREET ADDRESS					
CITY Foster City	STATE CA	ZIP CODE 94404			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Public Employee Union Dues. Restrictions on Political Contributions. Employee Consent Requirement.			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 75	JURISDICTION Statewide California	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/26/2005	Phone Bank Food	\$251.71
10/26/2005	Phone Bank Food	\$140.73
10/31/2005	Phone Bank Food	\$38.11
10/25/2005	Postage	\$32.95
11/03/2005	Phone Bank Food	\$93.57

Reason for Amendment:

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/03/2005	Phone Bank Independent Contractor	\$26.67
10/31/2005	Postage	\$96.10
10/27/2005	Printing Mailer	\$43.95
10/26/2005	Phone Bank Food	\$251.71
10/31/2005	Phone Bank Food	\$82.43

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/03/2005	Phone Bank Food	\$90.39

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CALIFORNIA
FORM 496

NAME OF FILER
SAN MATEO COUNTY CENTRAL LABOR COUNCIL COMMITTEE ON POLITICAL EDUCATION

I.D. NUMBER (If applicable)
743614

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
11/3/2005	Pacific Gas & Electric San Francisco, CA 94103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	If loan, enter interest rate, if any _____%
11/3/2005	Ca State Council of Service Employees Sacramento, CA 95814-3407 ID: 960895	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772